Leicestershire Partnership NHS Trust

Children Safeguarding Policy

This policy describes the roles and responsibilities of staff to safeguard children, including identification of abuse or neglect and referral processes. This policy should be read in conjunction with the Leicester, Leicestershire and Rutland Local Safeguarding Children Board procedures.

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Contents

Version Control and Summary of Changes

Version	Date	Comments (description change and amendments)
Version 2	October 2011	The safeguarding children polices across the 3 previous organisations have been harmonised, into this document. The *Working Together* 2010 guidance has been updated, alongside reference to the revised procedures across our LSCB's
	4th January 2012	Reviewed in context of Due Regard
	15th April 2013	Working Together (2013) references updated
Version 3	24th January 2014	Safeguarding Children Advice Line Updated EDT contacts Early Help added to Glossary Safeguarding Children Practitioners added to the Safeguarding Leadership Structure Secure electronic referrals to Social Care
Version 4	June 2016	Updated to reflect Working Together to Safeguard Children (HMG 2015) Updated Children's Social Care contacts. Safeguarding Children Practitioners removed from Safeguarding Leadership Structure. Transferred to new LPT policy template.
Version 5	July 2017	Training requirements included Definitions related to Fraser Guidelines and Gillick Competence amended to ensure consistency with other policies and guidance Whole Family Approach definition included. Statement in relation to review of Modern Slavery Act included.
Version 6	August 2019	Updated to reflect Working Together to Safeguard Children (HMG 2018), Mental Capacity in relation to 16 and 17 year olds

All LPT Policies can be provided in large print or Braille formats, if requested, and an interpreting service is available to individuals of different nationalities who require them.

Did you print this document yourself?

Please be advised that the Trust discourages the retention of hard copies of policies and can only guarantee that the policy on the Trust website is the most up-to-date version.

For further information contact:
Safeguarding Children Team
☎Tel: 0116 295 8723 /8736

Equality Statement
Leicestershire Partnership NHS Trust (LPT) aims to design and implement policy documents that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others.

It takes into account the provisions of the Equality Act 2010 and advances equal opportunities for all.

This document has been assessed to ensure that no one receives less favourable treatment on the protected characteristics of their age, disability, sex (gender), gender reassignment, sexual orientation, marriage and civil partnership, race, religion or belief, pregnancy and maternity.

In carrying out its functions, LPT must have due regard to the different needs of different protected equality groups in their area. This applies to all the activities for which LPT is responsible, including policy development, review and implementation.

Due Regard

LPT must have due regard to the aims of eliminating discrimination and promoting equality when policies are being developed. Information about due regard can be found on the Equality page on e-source and/or by contacting the LPT Equalities Team.

Definitions that Apply to the Policy

Abuse and neglect	Forms of maltreatment of a child.
Child	Any person who has not reached their 18th birthday including the unborn child Anyone who has not yet reached their 18th birthday. The fact that a child has reached 16 years of age, is living independently or is in further education, is a member of the armed forces, is in hospital or in custody in the secure estate, does not change their status or entitlements to services or protection (Working Together 2018)
Child in need	Section 17 (10) of the Children Act 1989 defines a child in need as a child who, without the provision of local authority services: • Is unlikely to achieve or maintain a reasonable standard of health or development; • Whose health or development if likely to be significantly impaired; • Or a child who is disabled.
Child protection	The process of protecting individual children identified as either suffering, or at risk of suffering, significant harm as a result of abuse or neglect.
Child protection enquiry	Section 47 of the Children Act 1989 gives local authority children's social care a duty to make enquiries to decide whether they should take action to safeguard or promote the welfare of a child who is suffering, or likely to suffer, significant harm.
Early Help	The concept of early help and prevention reflects the widespread understanding that it is better to identify and deal with problems early rather than to respond when difficulties have become acute and require action by more intensive services. The purpose of early help and prevention is to improve outcomes for children and young people at all stages of their development; from pre-birth, through to early years

	stage, throughout their school careers and on into transition to adulthood.
Framework for the Assessment of Children in Need and their Families	The assessment Framework is a systematic way for professionals to assess a child's needs and whether s/he is suffering or likely to suffer significant harm, what actions must be taken and which services would best meet the needs of the child and family. All professionals should be competent to contribute to as assessment, which is usually led by local authority children's social care under the Children Act 1989.
Fraser Guidelines	Fraser guidelines relates specifically to contraception and sexual health. They are named after one of the Lords responsible for the Gillick judgement but who went on to address the specific issue of giving contraceptive advice and treatment to those under 16 without parental consent.
Gillick Competence	Gillick competence is a term used within in medical law to decide whether a child (under 16 years of age) has the capacity to consent to treatment without the need for parental permission or knowledge.
Impairment of health and development	Where professionals are seeking to judge whether a child's health and development have been significantly harmed the Children Act 1989 (S31(10)) directs them to make a comparison with the health and development which could reasonably be expected of a similar child.
Individual who may pose a risk to children	Description of an adult or child who has been identified (by probation services/Youth Offending Teams, police or health services, individually or via the Multi-Agency Public Protection Arrangements) as posing an ongoing risk to a child (replaces the term Schedule 1 Offender).
Local Authorities	In this guidance this generally means a council responsible for the subject child's social care services and education.
Local Safeguarding Children Board (LSCB)	Statutory body established under the Children Act 2004
Looked After Child (LAC) or Young Person	A child placed in the care of the local authority by a care order or provided with accommodation by the authority's Social Care Department for more than 24 hours. (The Children Act 1989).
Parent	Parent or carer [with parental responsibility].
Parental responsibility (PR)	Defined under the Children Act (1989 as, "all the rights, duties, powers responsibility and authority which, by law, a parent has in relation to a child and his property".
Safeguarding and promoting the welfare of children	The process of: • Protecting children from maltreatment; • Preventing impairment of children's health or development; • Ensuring that children are growing up in circumstances consistent with the provision of safe and effective care; • Undertaking that role so as to enable those children to have optimum life chances and to enter adulthood successfully.

Significant harm	There are no absolute criteria on which to rely when judging what constitutes significant harm. Consideration of the severity of ill-treatment may include the degree and the extent of physical harm, the duration and frequency of abuse and neglect, the extent of premeditation, and the presence or degree of threat, coercion, sadism, and bizarre or unusual elements. Each of these elements has been associated with more severe effects on the child, and / or relatively greater difficulty in helping the child overcome the adverse impact of the maltreatment. Sometimes, a single traumatic event may constitute significant harm (e.g. a violent assault, suffocation or poisoning). More often, significant harm is a compilation of significant events, both acute and longstanding, which interrupt, change or damage the child's physical and psychological development. Some children live in family and social circumstances where their health and development are neglected. For them, it is the corrosiveness of long-term emotional, physical or sexual abuse that causes impairment to the extent of constituting significant harm. In each case, it is necessary to consider any maltreatment alongside the family's strengths and supports.
Staff/staff member/practitioner	For the purposes of this Policy any individual/s working in a voluntary, employed, professional or unqualified capacity.
Whole Family Approach	Practitioners working with families, whose primary focus is the adult(s) will give due regard to the needs of the child(ren), and any impact on them from adult behaviours or difficulties, and the practitioner whose primary focus is the child(ren) will consider the needs of any vulnerable adult in the family. (Malin, Tunmore & Wilcock 2014)
Well-being	The achievement of the best outcomes for children. That is, for every child to: • Be healthy; • Stay safe; • Enjoy and achieve; • Make a positive contribution; • Achieve economic well-being; • Not cause harm to others.
Working Together to Safeguard Children (2018)	Is an abbreviation for the Statutory Multi-Agency Guidance Working Together to Safeguard Children: A guide to inter-agency working to safeguard and promote the welfare of children (HMG 2018)

1. Purpose of the Policy

The purpose of this policy is to ensure that all staff working for the Trust regardless of their role or place within the Trust (including volunteers) is aware of how to access the policies in relation to Safeguarding Children and Young People. The Policy is also applicable to agency staff and bank staff.

Safeguarding children and young people is everyone's responsibility; for services to be effective each professional and organisation should play their full part (Working Together to Safeguard Children, 2018).

This Policy applies to all children from unborn up to 18 years whether the children are service users of the Trust's in their own right or children cared for by service users who are receiving services from the Trust. It also applies to other children in the wider community that come to the attention of Trust staff in the course of their work. The legal definition of a 'child' applies to those under 18 years of age (Children Act, 1989 & 2004).

2. Summary and Key Points

This policy provides trust wide guidance for all employees in relation to national, local and organisational policy, procedures and guidance to protect children at risk of abuse or neglect.

This policy describes roles and responsibilities of staff to safeguard children, including identification and referral processes.
This policy applies to:

- All staff employed by LPT, those contracted to LPT, agency staff and any other person carrying out a legitimate function on behalf of the organisation e.g. volunteers, apprentices.
- All children who have contact with LPT whether as recipients of a service, visitors to premises or in any other capacity or setting.

This policy should be read in conjunction with:

- Working Together to Safeguard Children (HMG 2018)
- Leicester, Leicestershire and Rutland (LLR) Local Safeguarding Children Board (LSCB) procedures
- Promoting the health and wellbeing of looked after children (DfE & DOH, 2015)

3. Introduction

LPT is committed to discharging in full its duties under Section 11 of the Children Act (2004). This places a statutory duty on key people and bodies to make arrangements to safeguard and promote the welfare of children. These arrangements require all agencies to have:-

- Senior management commitment to the importance of safeguarding and promoting children's welfare.
- A clear statement of the agency's responsibilities towards children, available for all staff.
- A clear line of accountability within the organisation for work on safeguarding and promoting the welfare of children.
- Service development that takes account of the need to safeguard and promote welfare, and is informed, where appropriate, by the views of children and families.
- Training on safeguarding and promoting the welfare of children for all staff working with, or in contact with, children and families.
- Safe recruitment procedures in place.
- Effective inter-agency working to safeguard and promote the welfare of children.

- Effective information sharing.

The LPT Children Safeguarding Policy is congruent with the provisions of Working Together to Safeguard Children (HMG 2018) which promotes a child centred and coordinated approach to safeguarding, which encompasses the following principles:-

- Safeguarding is everyone's responsibility: for services to be effective each professional and organisation should play their full part:

- A child centred approach: for services to be effective they should be based on a clear understanding of the needs and views of children.

LPT is committed to being an effective member of the Leicester City and Leicestershire and Rutland Local Safeguarding Children Boards (LSCB) and recognises the vital role of multi-agency collaboration in the safeguarding of children and young people.

LPT is committed to improving the well-being of all children and families to whom it delivers healthcare services.

Keeping children safe must be our first principle – if children are not safe they cannot be happy, healthy and achieve their full potential.

LPT champions the view that children and young people must be valued, treated with fairness and dignity and have equality of opportunity in access to relevant healthcare services. This is regardless of the child's:-

- Race, religion, first language or ethnicity.
- Gender or sexuality.
- Age.
- Health status or disability.
- Political or immigration status.

Safeguarding children is a duty and a shared responsibility.

All staff regardless of whether they work with children directly or not have a duty to safeguard and promote the welfare of children and young people and must familiarise themselves with both organisational and multi-agency policies, procedures and practice guidance.

4. Related Documents, Policy and Procedures

The Children Act (1989, 2004) and *Working Together to Safeguard Children* (HMG 2018) apply to all children and young people up to the age of 18 years.

The Children Act (1989) and Section 11 of the Children Act (2004) places a duty on all agencies, including the NHS, to co-operate with the Local Authority as 'lead agency' in safeguarding children and young people from risk of significant harm.

The Children Act (2004) states that all professionals should undertake specific safeguarding training, be aware of local safeguarding procedures and be competent in the application of information sharing guidance.

Staff should refer to the LLR LSCB Procedures and the organisational practice guidance for detailed guidance on how to respond to individual safeguarding concerns.

Looked after Children (LAC) have additional needs and vulnerabilities, practitioners should refer to *Promoting the health and wellbeing of looked after children* (DfE & DOH, 2015).

The Safeguarding Children Policy should be read in conjunction with the LPT policies, references and bibliography listed in Section 20.

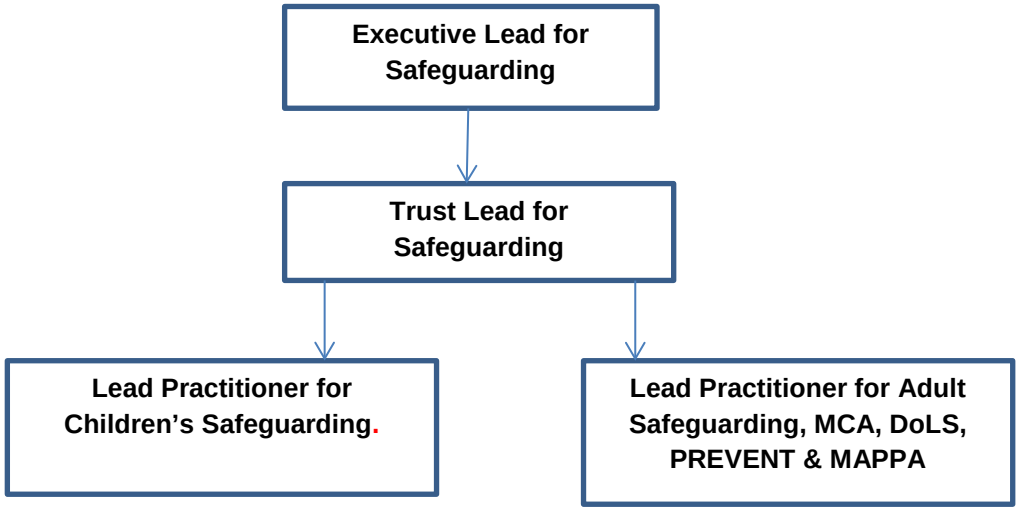
5. Duties within the Organisation

Organisational Responsibilities

LPT has a duty under Section 11 of the Children Act 2004 to have in place arrangements to safeguard and promote the welfare of children.

In accordance with Chapter 2 of *Working Together to Safeguard Children* (2018) LPT has a responsibility to safeguard children throughout its governance structure, including at Board level.

Organogram –



Professional Responsibilities

The Trust Board has a legal responsibility for Trust policies and for ensuring that they are carried out effectively.

Executive Safeguarding Lead within LPT is the Chief Nurse. The executive safeguarding lead ensures clear and robust procedures are in place for staff to obtain guidance and clarity on safeguarding concerns and the referral process.
The Deputy Chief Nurse deputises for the Chief Nurse and represents LPT on the Local Safeguarding Children Board (Leicester City and Leicestershire County & Rutland).

Trust Lead for Adult and Children Safeguarding provides clinical leadership and strategic direction on all aspects of safeguarding children and adults, to ensure that health service contributions are coordinated and integrated across the whole of LPT.

Lead Safeguarding Practitioner – Named Nurse provides expert knowledge and advice to LPT staff and partners in accordance with national and local requirements arising from relevant legislation and guidance and is actively involved in forums to develop and maintain processes and procedures for safeguarding children.

Senior Safeguarding Practitioners and Safeguarding Practitioners have a key role in promoting good professional practice within LPT, providing advice and expertise to LPT staff and ensure safeguarding training is in place. They work closely with the Lead Safeguarding Practitioner – Named Nurse, designated professionals and the LSCB.

Named Doctors Safeguarding Children have a key role in promoting good professional practice within LPT, providing advice and expertise to LPT staff and ensure safeguarding training is in place. They work closely with the Safeguarding Team, designated professionals and the LSCB.

Divisional Directors and Heads of Service are responsible for ensuring that comprehensive arrangements are in place regarding adherence to this policy and how policies and procedures are managed within their own Department or Service in line with the guidelines in this policy.

These arrangements will include:

- Receiving policies/procedures from the Corporate Affairs Administrator.
- Distributing information about new policies and procedures in a timely manner throughout the Division or Service to a distribution list will be agreed in advance with local managers.
- Ensuring that all staff have access to up to date policies, either through the intranet or if policy manuals are maintained that the resources are in place to ensure these are updated as required.

- Maintaining a system for recording that policies and procedures have been distributed to and received by staff within the Department / Service and for having these records available for inspection upon request for audit purposes.

Managers and Team Leaders are responsible for ensuring that policies and procedures are followed and understood as appropriate to each staff member's role and function. It is the responsibility of local managers and team leaders to have in place a local induction that includes policies and procedures. This includes:

- Ensuring that their staff know how and where to access current policies and procedures via the Intranet.
- Ensuring that a system is in place for their area of responsibility that keeps staff up to date with new policies and policy changes and any recommended training related to policies.
- Provide advice and support to staff on safeguarding concerns raised within their service areas.
- Ensure that staff who raise safeguarding children concerns are supported to access advice and support and where referrals are required to ensure they are reported to Children's Social Care and other appropriate agencies according to the multi- agency safeguarding procedures.
- Ensure that staff complete an Electronic Incident Record Form (e-IRF) promptly in response to safeguarding children concerns or incidents.

Responsibility of Staff - to be aware that despite the above responsibilities of senior staff, every staff member has an individual duty of responsibility to ensure that they:

- Know where to locate policies or procedures when necessary.
- Adhere to all Trust Policies and Procedures. All staff should be aware of how policies and procedures impact on their practice and be able to follow the specified requirements set out.

- Are able to raise concerns regarding suspected or actual abuse with an appropriate manager.
- Follow multi-agency procedures where safeguarding concerns are raised and refer without delay to adult social services duty desk ensuring that they state it is a safeguarding adults concern.
- Complete an e-IRF in response to safeguarding concerns or incidents.
- Co-operate with safeguarding enquiries led by local authority or LPT.
- Attend appropriate initial mandatory safeguarding education and training and any required updates within the specified timeframes.
- Communicate effectively with other professionals and members of multi-agency groups to promote adult safeguarding.
- Maintain good record keeping standards.

6. Identification of Safeguarding Concerns and Referral Process –

All employees have a duty to act on concerns regarding a child's safety and/or welfare.

Staff members should refer to *When to suspect child maltreatment* (NICE, 2009) (see Appendix 5) to support identification of harm in children. This describes alerting features which enables healthcare professionals to identify when to consider or suspect child maltreatment.

Detailed guidance on responding to concerns can be found in the Leicester, Leicestershire and Rutland Local Safeguarding Children Board procedures and practice guidance – Chapter 1.2.1 Responding to Abuse and Neglect

Advice about identification, clarification and referral of concerns can be obtained from Line managers and the safeguarding advice line, Monday-Friday - Tel: 0116 295 8977. Advice can also be sought from Childrens Social Care, who should be contacted if concerns exist about a child's welfare or safety:-

Leicester City – Tel: 0116 454 1004
Leicestershire County – Tel: 0116 305 0005
Rutland – 01572 758407 (Out of Hours 0116 3050005)

A flowchart for responding to concerns is attached in Appendix 6.

The LSCB Multi-Agency Referral Form (MARF) is attached in Appendix 7 this form includes guidance related to the individual verbal and written referral processes for Leicester, Leicestershire and Rutland. The LPT electronic referral submission process is detailed at the end of the MARF.

Reference should also be made to LLR LSCB procedures Section 1.3.1 Referrals to Children's Social Care Services

Local Authority/Childrens Social Care

Local authorities have the lead role in co-ordinating the multi-agency approach to safeguarding children. The local authority will work with all partner agencies including health to respond to concerns that a child is at risk, or is at risk of being, abused or neglected.
Children Social Care with their partner agencies must develop and publish local frameworks for assessment, which must be based on good analysis, timeliness and transparency and be proportionate to the needs of the child and their family.

Each child who has been referred into children's social care should have an individual assessment to identify their needs and to understand the impact of any parental behaviour on them as an individual Children's Social Care have to give due regard to a child's age and understanding when determining what (if any) services to provide under Section 17 of the Children Act 1989, and before making decisions about action to be taken to protect individual children under Section 47 of the Children Act 1989.

Reference should also be made to the LLR Thresholds for Access to Services Procedure.

Section 85 of the Children Act 1989 – **Inpatient Children and Young People.**

Section 85 of the Children Act 1989 places a duty on local authorities to check on the safety and welfare of children living in residential education or hospital provision for any continuous period exceeding and/or likely to exceed 12 weeks.

LPT Children Ward managers have a responsibility to notify Children Social Care that a child/young person is likely to be an inpatient for 12 weeks or more.

7. Resolving Practitioner Disagreements and Escalation of Concerns

Where a difference of opinion arises, either about a referral or the management of a case, the practitioner should seek advice from a line manager or the safeguarding team.

At no time must professional dissent detract from ensuring that the child/young person is safeguarded. The child/young person's welfare and safety must remain paramount throughout.

Disagreements can arise in a number of areas of multi-agency working but are most likely to arise in relation to:

- Thresholds into services;
- Outcomes of assessments;
- Decision making;
- Roles and responsibilities of workers;
- Service provision;
- Information sharing and communication.

Resolving Practitioner Disagreements four stage process

Step 1 - Direct Practitioner to Practitioner Discussion

Differences of opinion or judgement should be discussed amongst frontline practitioners as soon as practicable. This includes challenge regarding threshold decisions in relation to referrals and multi-agency meetings, and case management.

Step 2 - Direct Manager to Manager Discussion

If Step 1 does not resolve the issue then each practitioner should discuss the issue with their line manage or a safeguarding practitioner. The line manager or safeguarding practitioner should review the concerns and ensure that they are justified and require escalation. The line manager or safeguarding practitioner should then liaise with the other practitioner's line manager in an attempt to reach a resolution.

Step 3 - Where practitioner differences remain unresolved

Where agreement cannot be reached at Steps 1 & 2; the matter must be referred to an LPT Lead Safeguarding Practitioners A resolutions meeting should then be convened between the relevant parties. Where Children's Social Care are the subject of the disagreement a resolution meeting should be convened and chaired by a Service Manager/Head of Service.

If the agency who raised the initial concern remains unsatisfied, the Lead Safeguarding Practitioner should refer the matter to the LSCB Step 4 of this process

Step 4

On receipt of the concerns the LSCB will formally log the information. The LSCB Manager should determine a course of action, if all steps to resolve the matter have failed and/or discussions raise a policy issue. This should include reporting the matter to the LSCB Independent Chair, who would then consider the merit of convening a Chief Officer Resolutions Meeting to resolve the disagreement.

The outcome of any discussions at this stage will be fed back to the Lead Safeguarding Practitioner.

Reference should also be made to the LLR LSCB procedures Section 3.7 Resolving Practitioner Disagreements and Escalation of Concerns

8 . Information sharing and Consent

Effective information-sharing underpins integrated working and is a vital element of both early intervention and safeguarding. Research and experience have shown repeatedly that keeping children safe from harm requires practitioners and others to share information about:

- A child's health and development and any exposure to possible harm;
- A parent who may need help, or may not be able to care for a child adequately and safely; and
- Those who may pose a risk of harm to a child.

The General Data Protection Regulations, Data Protection Act 2018 and human rights laws are not barriers to justified information sharing but provide a framework to ensure that personal information about living individuals is shared appropriately;

The Leicester and Leicestershire and Rutland Safeguarding Children Boards have an Information Sharing Agreement. Leicestershire Partnership NHS Trust is a signatory to this agreement. The full agreement can be viewed on the LSCB website by using the search facility to search for 'information sharing agreement'.

Reference should also be made to section 3.7 of the LLR LSCB procedures Resolving Practitioner Disagreements and Escalation of Concerns

8.1 Consent

Health professional should seek to obtain consent before sharing information with other professionals, however, lack of consent should not be a barrier to information sharing or referral if risk of significant harm is known or suspected.

There will be some circumstances where you should not seek consent, for example, where doing so would:
• Place a child at increased risk of significant harm; e.g. child sexual abuse, fabricated or induced illness, female genital mutilation.
• Place an adult at increased risk of serious harm, including the health professional.
• Prejudice the prevention, detection or prosecution of a serious crime.
• Lead to unjustified delay in making enquiries about allegations of significant harm or serious harm.

Information Sharing: pocket guide (DCSF, 2008)

Where information is shared without consent or without informing the child or person with parental responsibility the reason/s for this should be documented in the child's record and on the multi-agency referral form if disclosure is to Children's Social Care.
If in doubt about any aspect of information sharing advice can be obtained from the line manager, the safeguarding advice line or the Information Governance Manager/Department.

Gillick Competence
Gillick competence is a term used within in medical law to decide whether a child (under 16 years of age) has the capacity to consent to treatment without the need for parental permission or knowledge.
Reference should be made to the LPT Consent to Examination or Treatment Policy available on e-source

Young People Aged 16-17
Section 8 of the Family Law Reform Act 1969 enables young people aged 16 or 17 to consent to their own medical treatment, and any ancillary procedures involved in that treatment, such as anaesthetic. As is the case for adults, the consent will only be valid if it is given voluntarily by an appropriately informed patient capable of consenting to the particular intervention. However, it is important to note that, the refusal of a competent person aged 16 to 17 may in certain circumstances be overridden by either a person with parental responsibility or a Court.

In order to establish whether a young person aged 16 or 17 has the requisite capacity to consent to the proposed intervention, the same criteria as for adults and referred to above should be used. If the requirements for valid consent have been met, it is not legally necessary to obtain consent from a person with parental responsibility but good practice directs that in the case of a patient aged 16 to 17 the family should be involved in the decision-making process, unless the young person specifically wishes to exclude them.

Reference should be made to the LPT Mental Capacity Act Policy available on e-source.

9. Safeguarding Definitions/Explanations including Categories of Abuse

A Child: In this document, as in the Children Acts, 1989 and 2004, a 'child' is anyone who has not yet reached their 18th birthday. The fact that a child has reached 16 years of age, is living independently or is in further education, is a member of the armed forces, is in hospital or in custody in the secure estate for children and young people, does not change his/her status or

entitlement to services or protection under the Children Act, 1989, 2004. Child Protection is part of safeguarding and promoting welfare and refers to the activity which is undertaken to protect specific children who are suffering or are likely to suffer significant harm.

Safeguarding and promoting the welfare of children is defined (in Working Together, 2018) as:

- protecting children from maltreatment;
- preventing impairment of children's health or development;
- ensuring that children are growing up in circumstances consistent with the provision of safe and effective care; and
- Taking action to enable all children to have the best outcomes.

The following definitions of categories of abuse are based on those identified in Working Together to Safeguard Children (2018)

Physical Abuse
A form of abuse which may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.

Fabricated or Induced Illness
There are three main ways of a carer fabricating or inducing illness. These are not mutually exclusive and include

- **Fabrication** of signs and symptoms. This may include fabrication of past medical history;
- **Falsification** of hospital charts and records, and specimens of bodily fluids. This may also include falsification of letters and documents;
- **Induction** of illness by a variety of means.

Safeguarding Children in whom Illness is Fabricated or Induced, (DSCF 2008)

Reference should be made to section 2.16 of the LLR LSCB procedures: Fabricated or Induced Illness.

Emotional Abuse
The persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meets the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

Neglect
The persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:

- provide adequate food, clothing and shelter (including exclusion from home or abandonment)
- protect a child from physical and emotional harm or danger
- ensure adequate supervision (including the use of inadequate care-givers)
- ensure access to appropriate medical care or treatment

It may also include neglect of, or unresponsiveness to, a child's basic emotional needs**.**

Sexual Abuse
Involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse Sexual abuse can take place online, and technology can be used to facilitate offline abuse. Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

Disclosure of Sexual Assault by a Child (Under 18 years of age)
Section 11 of the Children Act 2004 places duties on health organisations, agencies and individuals to ensure their functions and any services are discharged having regard to the need to safeguard and promote the welfare of children. The welfare of the child is paramount.

Disclosures made by children and young people may not be clear or direct; therefore any suspicion of sexual assault/child sexual abuse must be taken seriously and acted on promptly.

Practitioners' responses should acknowledge that children cannot make informed choices to enter or remain in sexual exploitation but do so from coercion, enticement, manipulation or desperation.

It is best practice for all cases of sexual assault in children (U18) to be reported to Police via 101 and safeguarding pathways as outlined in this policy followed, to safeguard the child and other children that may be at risk.
When disclosures are made by children (under 18 years of age), the child or young person must be informed about our duty to share information should they disclose that they or another child is at risk of significant harm, and that confidentiality cannot always be assured in these instances

In the rare case that it is felt that a disclosure should not be reported against a young person's wishes (for young people aged 16 or 17 only where there is no benefit to the child or from a public protection point of view), this should never be an individual professional decision. This should be discussed with the SafeguardingTeam and reasons for any decision not to report should be clearly documented in the child's records.

It should be recognised that early identification of any form of sexual assault and abuse is fundamental to health outcomes and the young person's vulnerabilities and need for therapeutic support should be considered in every case of disclosure of sexual assault/abuse.

Contextual Safeguarding:
As well as threats to the welfare of children from within their families, children may be vulnerable to abuse or exploitation from outside their families. These extra-familial threats might arise at school and other educational establishments, from within peer groups, or more widely from within the wider community and/or online. These threats can take a variety of different forms and children can be vulnerable to multiple threats, including: exploitation by criminal gangs and organised crime groups such as county lines; trafficking, online abuse; sexual exploitation and the influences of extremism leading to radicalisation.

Child Sexual Exploitation (CSE):
Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity
(a) in exchange for something the victim needs or wants, and/or
(b) for the financial advantage or increased status of the perpetrator or facilitator.
The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology.

Child Criminal Exploitation:
As set out in the Serious Violence Strategy, (HMG 2018), where an individual or group takes advantage of an imbalance of power to coerce, control, manipulate or deceive a child or young person under the age of 18 into any criminal activity:

- in exchange for something the victim needs or wants, and/or
- for the financial or other advantage of the perpetrator or facilitator and/or
- through violence or the threat of violence. The victim may have been criminally exploited even if the activity appears consensual.

Child criminal exploitation does not always involve physical contact; it can also occur through the use of technology

County Lines:
As set out in the Serious Violence Strategy, (HMG 2018) is a term used to describe gangs and organised criminal networks involved in exporting illegal drugs into one or more importing areas within the UK, using dedicated mobile phone lines or other form of 'deal line'. They are likely to exploit children and vulnerable adults to move and store the drugs and money, and they will often use coercion, intimidation, violence (including sexual violence) and weapons**.**

Missing Children
Missing children and young people who go missing from home or care are at serious risk of being targeted for involvement in gangs, trafficking, criminalisation, sexual exploitation and violence. Recognising the risk at the time a child is reported as missing and offering a child appropriate support on return may prevent the situation escalating and further exploitation of vulnerable children and young people. Research estimates that some 100,000 children and young people run away each year including 10,000 reported as missing from care. These children are vulnerable and can be exposed to the risks of being physically or sexually abused or exploited. For those children living within the local authority care system their vulnerability to these risks are even greater and are disproportionately represented within the group of children known to be exploited. This may be for sexual or criminal purposes, trafficking, or for

the purposes of radicalisation. Within the care system those living in residential care homes are at an even higher level of risk.

Human Trafficking

Human trafficking involves men, women or children being brought into a situation of exploitation through the use of violence, deception or coercion and forced to work against their will. People can be trafficked for many different forms of exploitation such as forced prostitution, forced labour, forced begging, and forced criminality, domestic servitude, forced marriage, forced organ removal. It is important to note that when children are trafficked, no violence, deception or coercion needs to be involved: simply bringing them into exploitative conditions constitutes trafficking.

Modern Slavery

Modern slavery, including child trafficking, is child abuse. When an agency comes into contact with a child who may have been exploited or trafficked, Local Authority Children's Services and the police should be notified immediately. All children, irrespective of their immigration status, are entitled to safeguarding and protection under the law. When there is reason to believe a victim of trafficking or modern slavery could be a child, the individual must be given the benefit of the doubt and treated as a child until an assessment is carried out.

National Referral Mechanism (NRM)

NRM is a framework for identifying victims of human trafficking; it facilitates information sharing across agencies in order to provide advice, support and accommodation to victims.

The Modern Slavery Act (2015) states that agencies have a "Duty to Notify" if they believe a person is the victim of human trafficking (including internal trafficking within the UK).

If you suspect a child is the victim of being trafficked Police and/or Social Care must be informed and refer to LLR LSCB guidelines.

If you suspect an Adult is a victim of human trafficking you must gain their consent before making a referral.

Prevent

Leicestershire Partnership NHS Trust is committed to ensuring vulnerable individuals are safeguarded from being radicalised into violent extremism and supporting or becoming terrorists themselves. Those working in the health sector must work towards and show due regard for helping prevent people from becoming radicalised.

All employees have an individual responsibility to ensure that they;

- Identify people who could be considered vulnerable to radicalisation and being drawn into violent extremism.

- Be aware of the support which is available and be confident in referring people into Prevent Case Management / Channel processes and providing them with appropriate clinical support.

- Incident report accordingly.

Full guidance can be found in the LPT Prevent Policy.

Domestic Abuse
Domestic violence / abuse is any incident or pattern of incidents of controlling coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality (Home Office 2013)

This can encompass, but is not limited to, the following types of abuse:
Psychological;

- Physical; slapping, pushing, kicking, punching
- Sexual;
- Financial: withholding money, making all of the financial decisions
- Psychological/ Emotional: verbal abuse and humiliation

Controlling behaviour is: a range of acts committed by an intimate partner or family member designed to make a person subordinate and / or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.

Coercive control : The law defines coercive control as a "continuing act, or pattern of acts, of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim" (Controlling or Coercive Behaviour in an Intimate or Family Relationship Statuary Guidance Framework, Home Office 2015)

Domestic Abuse teaches children negative things about relationships and how to deal with people. For instance, it can teach them that violence is an acceptable way to resolve conflict; they learn how to keep secrets; they learn to mistrust those close to them and that children are responsible and to blame for violence, especially if violence erupts after an argument about them; it can impact negatively on the intimate relationships they develop in early and later life.

Guidance regarding how to respond to domestic violence / abuse can be found in the LPT policy; Responding to Domestic Violence / Abuse Experienced by Clients.

Female Genital Mutilation
Female Genital Mutilation (FGM) is defined by the World Health Organisation as: 'all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons'. FGM is sometimes also known as female circumcision. The FGM mandatory reporting duty is a legal duty provided for in the FGM Act, 2003 (as amended by the Serious Crime Act, 2015) which requires all regulated healthcare professionals to report FGM in a girl under 18, either through disclosure by the victim or relative and/or are visually confirmed. This is no different from any other obligation on healthcare professionals to report abuse against children. FGM is child abuse so the healthcare professional must also report this to the Police.

The impact of parental mental health needs
Staff must always be take into account the impact on children when they are living with a parent with a severe or enduring mental illness. The most effective response to children and families affected by mental ill health comes through all agencies adopting a "Whole Family" approach. Whilst mental illness can be compatible with good parenting, some parents with a severe mental illness are at risk of harming their children. Very serious risks may arise if their illness incorporates delusional beliefs about the child, and/or the potential for the parent to harm the child as part of the thought process.

Staff in adult mental health services caring for a parent must always consider the child's needs and the potential for physical or psychological harm as a primary task of the Care Programme Approach (CPA) and as part of the multiagency risk assessment process. It may also be appropriate that a mental health practitioner working with adults who are parents or carers of children recognise the need for further work and link in with any practitioners involved with the family e.g. 0-19 practitioner.

Private Foster Carer
A private foster carer Is someone other than a parent or a close relative who cares for a child for a period of 28 days or more, in agreement with the child's parent. It applies only to children under 16 years, or under 18 if they are disabled. Private foster carers can be part of the child's wider family, a friend of the family, the parents of the child's boyfriend or girlfriend or someone unknown but willing to foster the child. Close relatives - a grandparent, a brother or sister, an aunt or an uncle, a step parent - are not private foster carers.

Some of the common situations where children are privately fostered are:

- Parental ill health, prison or serving in the Armed Forces
- Children sent to this Country for health or education by parents living abroad
- Children living with a friend's family as a result of separation, divorce or relationship breakdown, at home
- Children at boarding schools who do not return to their parents during holidays.
- Teenagers living with the family of a boyfriend or girlfriend
- Children on holiday exchanges or living with host families for a variety of reasons
- Children brought to this Country with a view to adopt

It is important that professionals notify Children's Social Care if you are in contact with a child or young person who is being privately fostered. This will help protect the child against abuse or neglect and provide some reassurance that the child is being looked after properly. By not notifying Children's Social Care, families may miss out on essential welfare checks for the children, as well as other useful support services.
If you suspect that a child is being fostered without a formal arrangement it is important that you share your concerns with Children's Social Care

10. Child Death Overview Procedures

In accordance with the requirements of Chapter 5 of *Working Together to Safeguard Children* (2018) child death review partners should establish a structure and process to review all deaths of children normally resident in their area and, if appropriate and agreed between child death review partners, the deaths of children not normally resident in their area but who have died there.

The child death review process covers children as defined in the Children Act (2004) as a person under 18 years of age, regardless of the cause of death, but does not include those (of any gestation) who are stillborn or where there was medical attendance, or planned terminations of pregnancy carried out within the law.

Reference should also be made to Section 4.1 of the LLR LSCB Procedures: Responding to Child Death.

11. Support and Supervision Arrangements

The Trust recognises that safeguarding children is a difficult and stressful aspect of professional practice. The way in which that stress is recognised and managed can have a major impact both on the well-being of individual workers and, of equal importance, on the care they provide to children and families.

Safeguarding supervision provides a framework for examining the child's needs in an environment that is supportive and safe allowing the practitioner to develop knowledge and competence and identify training and developmental needs.

Safeguarding supervision is a formal process of professional support and learning which enables practitioners to develop knowledge & competencies and to assume responsibility for their own practice. It provides a safe and supportive environment that acknowledges the emotional impact of this work.

Within LPT safeguarding supervision is available to all clinical staff.

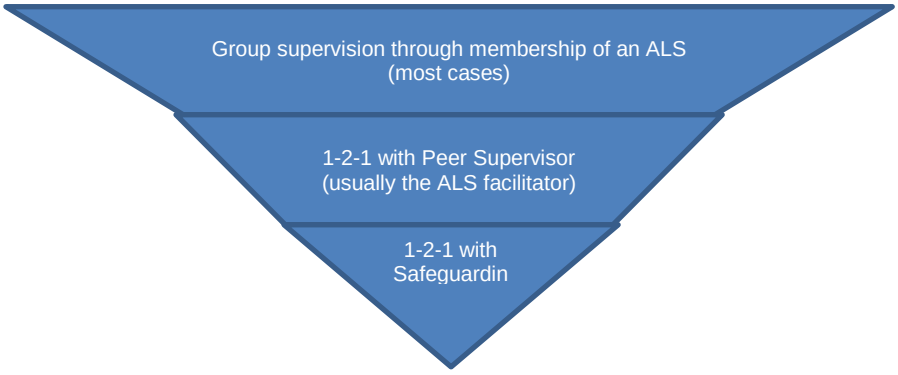
The 3 Option Supervision Model

In the 3 Option Model the practitioner can identify the type of supervision that best suits the needs of the case and their own needs for learning, advice and support.

Through membership of an Action Learning Set the practitioner is free to put forward a case for discussion, but without the expectation to discuss every case with a safeguarding dimension they may be dealing with. Within Healthy Together It is expected that each case holding member of the ALS will present a minimum of 2 cases per year and will attend safeguarding supervision a minimum of 3 monthly.

1-2-1 Supervision is available with a peer supervisor or safeguarding practitioner for those cases that are more complex, difficult or emotionally challenging. These need more time or more detailed analysis and planning than is possible in an Action Learning Set.

Where a number of LPT professionals are involved with complex cases group supervision can be requested from the Safeguarding Team (Safeguarding Practitioners)



Safeguarding supervision is provided by the Safeguarding Practitioners, Named Doctors and within some services by trained peer supervisors.

The Trust Lead Safeguarding Adult and Children, Lead Safeguarding Practitioner -Named Nurse and Named Doctors will receive regular supervision from the Designated Professionals.

The Senior Safeguarding Practitioners and Safeguarding Practitioners will receive regular supervision from Trust Lead Safeguarding Adult and Children and Lead Safeguarding Practitioner -Named Nurse.

Recording Supervision

- All Safeguarding Supervision should be recorded in the Electronic Patient Record by the Supervisee.
- If a practitioner (supervisee) has presented a case at the ALS, they need to record the safeguarding supervision in the Electronic Patient Record.
- When practitioners have attended safeguarding supervision they are required to record attendance on U-learn.
- Supervisors must keep a record of attendance at ALS and a log of who has presented cases on the Record of Cases Brought to Supervision document.

Any staff member experiencing stress can access support, in confidence, via AMICA ☐ Tel: 0116 254 4388.

12. Practitioners Participation in Legal/Criminal Cases

Practitioners may be required to provide written statements and give evidence in the Care Proceedings (family court), Coroners Court or Criminal Court.

The process of notification differs slightly depending on the type of case. If contacted to give evidence, whatever the circumstances of the case, contact your line manager or Safeguarding Team immediately for advice and support.

13. Training Requirements

There is a need for training identified within this policy. In accordance with the classification of training outlined in the Trust Learning and Development Strategy this training has been identified as mandatory training.

All staff within LPT are required to access safeguarding children training at a level applicable to their role as defined by Working Together to Safeguard Children (HMG 2018) and Safeguarding Children and Young People: roles and competencies for health care staff – Intercollegiate document (RCPCH 2019)

All Existing Staff to the Organisation

Safeguarding children and adults level 1 is included in the core mandatory e-learning training. This should be undertaken by all members of staff and renewed every 3 years.

Whole Family Safeguarding training is a classroom session which incorporates safeguarding adults' level 2 and safeguarding children levels 2 & 3. All clinical staff must attend this course every 3 years.

A record of the event will be recorded on u-Learn.

The governance group responsible for monitoring the training is the directorate safeguarding forums.

New Staff to the Organisation

All new staff to the organisation are required to complete Level 1 safeguarding children training during their mandatory induction training.

All clinical staff within adult and children services are required to attend Level 3 safeguarding children training which is delivered as "Whole Family" training within 3 months of starting employment.

Managers responsibilities

Managers must ensure that their staff attend appropriate safeguarding training in accordance with the Strategy. This is achieved through the annual meeting to complete the Personal Development Plan.

It is the responsibility of the recruiting manager to assure the organisation that volunteers, agency and sub-contracted staff have received training to the relevant level in safeguarding, prior to working within the service. Agency Nursing and Allied Health Professionals staff will be secured through approved suppliers and will have been trained in accordance with the commissioning requirements.

14. Selection and Recruitment of Staff

Recruitment must take place in accordance with the LPT Recruitment & Selection Policy.

For those posts involving regular or close contact with children the preferred candidate requires satisfactory completion of the following prior to commencement in post:

- Disclosure Barring Service (DBS) Enhanced check.
- Professional Register check (if applicable).
- Confirmation of identity through official documents, particularly if they are married or have otherwise changed their name.
- Verification of authenticity of qualifications.
- Verification of employment/professional references.

15. Managing Allegations Against Staff

All allegations of abuse of children by those who work with children which includes LPT and non-LPT employees, must be taken seriously and reported to the Local Authority Designated Officer (LADO) within 24 hours. Advice can be sought from the LPT safeguarding team.

Any allegation of abuse by a staff member must be managed in accordance with the LPT Allegations that an Employee/Bank worker may be Harming a Child, Young Person or Adult at risk Policy and Procedure.

Where an allegation has been made against a member of staff the relevant manager should also take advice from their Line Manager/Professional Lead, Human Resources and Safeguarding Practitioners regarding any actions required with regard to performance or conduct.

An allegation may indicate that the employee/bank worker is unsuitable to work with children or adults at risk in their present position, or in any capacity. This will include allegations where an employee/bank worker has:

- Behaved in a way that has harmed a child or may have harmed a child
- Possibly committed a criminal offence against a child or adult
- Behaved towards a child or young person in a way that indicates the employee/bank worker they may pose a risk of harm to children.
- Information has been shared with the trust, where the suitability of the employee/bank worker to work with children, young people or adult at risk has been questioned.

This includes allegations where it might indicate that the person is unsuitable to continue to work with children in their current position.

This should include indications that the person has employed behaviour which could constitute grooming.

The allegations may relate to the person's behaviour at work, at home or in another setting.

Reference should also be made to section 3.9 of the LLR LSCB procedures Allegations Against Persons who Work with Children.

16. Managing Media Interest in Safeguarding Issues

LPT is committed to promoting a climate of openness and dialogue wherever this is reasonable and practical; however, this commitment cannot outweigh the requirements of legislation or statutory guidance eg. A client's right to confidentiality.

In recent years safeguarding and child protection have become subject to increased interest by the public and are therefore attracting heightened media attention.

If staff are approached by the media for information, they must direct them immediately to the LPT Communications Team.

17. Policy Review

The organisation will review the policy every two years or sooner if required, to reflect any organisational changes, national guidance or changes to legislation.

It will be the responsibility of the Trust Lead for Safeguarding to:

- Identify a suitable reviewer
- Ensure that the review is conducted
- Ensure that required changes are made.

Changes may be required as a result of legislation, national or local guidance, findings of serious Case Reviews, recommendations of audits or from other sources.

18. Monitoring Compliance and Effectiveness

Duties outlined in this Policy will be evidenced through monitoring of the other minimum requirements.

Where monitoring identifies any shortfall in compliance the group responsible for the Policy (as identified on the policy cover) shall be responsible for developing and monitoring any action plans to ensure future compliance

Ref	Minimum Requirements	Evidence for Self-assessment	Process for Monitoring	Responsible Individual / Group	Frequency of monitoring
	Training uptake by staff for safeguarding children	Training records	Mandatory Training Flash Report	LPT Safeguarding Education Group	Monthly
	Staff knowledge of safeguarding children procedures and guidelines	Safeguarding children audits	Audit reports	Safeguarding Committee	Annually
	Quarterly Quality Reports	Compliance against agreed standards, Markers of Good Practice	CCG	Safeguarding Committee	Quarterly

19. Standards/Performance Indicators

This policy document links to the CQC Regulations for Service Providers and Managers (2015) and Care Quality Commission (Registration) Regulations (2009).

TARGET/STANDARDS	KEY PERFORMANCE INDICATOR
All relevant staff to be compliant with mandatory safeguarding training as defined in this policy.	Training compliance rates for all relevant groups to remain at a minimum of 85% compliance.
All clinical areas adhere to the safeguarding children processes to ensure that children are safe and protected.	All staff can access this policy when necessary via LPT e-source.
Safeguarding within LPT has the right level of scrutiny and oversight, with overall responsibility held at board level or equivalent.	LPT Board and Safeguarding Committee have ongoing oversight of all safeguarding activity within LPT.
All staff receive safeguarding training that is relevant, and at a suitable level for their role.	Training is updated at appropriate intervals to keep staff up to date with safeguarding children processes and enables them to recognise abuse and report concerns

20. References and Bibliography

Local

Leicester, Leicestershire and Rutland (LLR) Local Safeguarding Children Board (LSCB) procedures https://llrscb.proceduresonline.com/

LPT

LPT Looked After Children (LAC) Practice Guidance

LPT Consent to Examination or Treatment Policy

LPT Mental Capacity Act Policy

LPT Prevent Policy.

LPT Allegations that an Employee/Bank worker may be Harming a Child, Young Person or Adult at risk Policy and Procedure.

National

Working Together to Safeguard Children: Statutory framework: legislation relevant to safeguarding and promoting the welfare of children (HMG 2018), https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/779401/Working_Together_to_Safeguard-Children.pdf

Promoting the health and wellbeing of looked after children (DfE & DOH, 2015) https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/413368/Promoting_the_health_and_well-being_of_looked-after_children.pdf

Children Act (1989,). http://www.legislation.gov.uk/ukpga/1989/41/contents

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Children Act 2004 - http://www.legislation.gov.uk/ukpga/2004/31/pdfs/ukpga_20040031_en.pdf

When to suspect child maltreatment (NICE, 2009) https://www.nice.org.uk/guidance/cg89/evidence/full-guideline-pdf-243694625

Information Sharing: pocket guide (DCSF, 2008) https://www2.merton.gov.uk/information_sharing_-_pocket_guide.pdf

The General Data Protection Regulations, Data Protection Act 2018

http://www.legislation.gov.uk/ukpga/2018/12/contents/enacted

Serious Violence Strategy, (HMG 2018)

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/698009/serious-violence-strategy.pdf

Safeguarding Children in whom Illness is Fabricated or Induced, (DSCF 2008) https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/277314/Safeguarding_Children_in_whom_illness_is_fabricated_or_induced.pdf

Royal College of Paediatrics and Child Health (2009) Fabricated or Induced Illness by Carers (FII): A Practical Guide for Paediatricians https://www.rcpch.ac.uk/sites/default/files/Fabricated_or_Induced_Illness_by_Carers_A_Practical_Guide_for_Paediatricians_2009.pdf

Domestic Abuse (Home Office 2013) Information for Local Areas on the Change to the Definition of domestic Violence and Abuse https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/142701/guide-on-definition-of-dv.pdf

Controlling or Coercive Behaviour in an Intimate or Family Relationship Statuary Guidance Framework' Home Office December 2015 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/482528/Controlling_or_coercive_behaviour_-_statutory_guidance.pdf

FGM Act, 2003 http://www.legislation.gov.uk/ukpga/2003/31/pdfs/ukpga_20030031_en.pdf

Serious Crime Act, 2015 http://www.legislation.gov.uk/ukpga/2015/9/pdfs/ukpga_20150009_en.pdf

Safeguarding Children and Young People: roles and competencies for health care staff – Intercollegiate document (RCPCH 2019)

https://www.rcn.org.uk/professional-development/publications/pub-007366

Appendix 1

Training Needs Analysis

Training Required	**YES**	NO
Training topic:		
Type of training: (see study leave policy)	✓ Mandatory (must be on mandatory training register) ☐ Role specific ☐ Personal development	
Division(s) to which the training is applicable:	✓ Adult Mental Health & Learning Disability Services ✓ Community Health Services ✓ Enabling Services ✓ Families Young People Children ✓ Hosted Services	
Staff groups who require the training:	All staff employed by LPT	
Regularity of Update requirement:	3 yearly	
Who is responsible for delivery training?	LPT Safeguarding Team	
Have resources been identified?	Yes	
Has a training plan been agreed?	Yes	
Where will completion of this training be recorded?	✓ uLearn ☐ Other (please specify)	
How is this training going to be monitored?	Monthly training flash reports provided by workforce.	

Appendix 2

The NHS Constitution

The NHS will provide a universal service for all based on clinical need, not ability to pay. The NHS will provide a comprehensive range of services

Shape its services around the needs and preferences of individual patients, their families and their carers	✓
Respond to different needs of different sectors of the population	✓
Work continuously to improve quality services and to minimise errors	✓
Support and value its staff	✓
Work together with others to ensure a seamless service for patients	✓
Help keep people healthy and work to reduce health inequalities	✓
Respect the confidentiality of individual patients and provide open access to information about services, treatment and performance	✓

Appendix 3

Stakeholders and Consultation

Key individuals involved in developing the document

Name	Designation
Carolyn Corbett	Lead Safeguarding Practitioner – Named Nurse

Circulated to the following individuals for comment

Name	Designation
Anne-Maria Newham	Director of Nursing
Anne Scott	Deputy Chief Nurse
Emma Wallis	Associate Director of Nursing
Julie Quincey	Interim Trust Lead Safeguarding
Simone Logue	Lead Safeguarding Practitioner – MCA, DoLs
Helen Thompson	Divisional Director FYPC Services
Mark Roberts	Head of Communities & Youth Services
Paul Williams	Head of Service – Group 1
Janet Harrison	Head of Service – Group 2
Louise Evans	Service Group Manager
Claire Tagg	Service Group Manager
Rebecca O'Brien	Clinical Governance & Quality Lead
Christina Brooks	
Dr Alun Elias-Jones	Designated Doctor Safeguarding Children
Dr Christo Benite	Named Doctor Safeguarding Children
Dr Vaisali Pukale	Named Doctor Safeguarding Children
Dr Lina Gatsou	Consultant Psychiatrist (CAMHS)
Lynn Snow	Paediatrician
Liz Sampson	Named Nurse Looked After Children
Nicy Turney	Professionals Lead Health Visiting
Jo Chessman	Professionals Lead Health Visiting
Theresa Farndon	Professionals Lead Health Visiting - FSM
Sarah Tebbett	Professional Lead School Nursing
Deanne Rennie	Deputy Clinical Director and Allied Health Professional Lead
Viki Elliott	Matron CAMHS
Roma Boobyer	Senior Safeguarding Practitioner
Claire Silcott	Senior Safeguarding Practitioner
Sue Stephenson	Senior Safeguarding Practitioner
Dean Cessford	Senior Safeguarding Practitioner
Kathy Feltham	Senior Safeguarding Practitioner
Angela Brook-Lawson	Safeguarding Practitioner
Debbie Bromley	Safeguarding Practitioner
Tracy Dickens	Specialist CSE Nurse
Sally Clare	Specialist Nurse Domestic Violence
Craig Hunting	MAPPA Co-ordinator
Leon Herbert	Prevent Co-ordinator
Tracy Ward	Head of Patient Safety
Dr Fabida Noushad	AMH Clinical Director

Michelle Churchard-Smith	Head of Nursing AMH/LD
Jude Smith	Head of Nursing CHS
Claire Armitage	Lead Nurse Community AMH/LD
Laura Belshaw	Lead Nurse MHSOP
Sarah Latham	Lead Nurse Community Hospitals
Tracy Yole	Lead Nurse Community Services

Appendix 4

Due Regard Screening Template

Section 1	
Name of activity/proposal	Children Safeguarding Policy
Date Screening commenced	07th October 2019
Directorate / Service carrying out the assessment	Enabling
Name and role of person undertaking this Due Regard (Equality Analysis)	Carolyn Corbett
Give an overview of the aims, objectives and purpose of the proposal:	
AIMS: to reflect the commitment by Leicestershire Partnership NHS Trust (LPT) to work collaboratively with multi- agencies to safeguard children at risk from abuse or neglect.	
OBJECTIVES: Children and young people are safeguarded through safe and consistent practice.	

Section 2	
Protected Characteristic	**If the proposal/s have a positive or negative impact please give brief details**
Age	Policy applies to all age groups with no exceptions in line with Human Rights Approach as set out in LPTs Single Equality Approach and Equality, Diversity and Human Rights Policy.
Disability	Policy available in: -Braille -Other language formats (Translation & Interpretation) -Reasonable adjustments -Carers In line with Human Rights Approach as set out in LPTs Single Equality Approach and Equality, Diversity and Human Rights Policy.
Gender reassignment	Policy applies to all groups with no exceptions in line with Human Rights Approach as set out in LPT's Single Equality Approach and Equality, Diversity and Human Rights Policy. As with any known characteristic will be treated in strictest confidence and underpinned by Caldicott Principles ensuring confidentiality is maintained.
Marriage & Civil Partnership	Policy applies to all groups with no exceptions in line with Human Rights Approach as set out in LPTs Single Equality Approach and Equality, Diversity and Human Rights Policy
Pregnancy & Maternity	Policy applies to all groups with no exceptions in line with Human Rights Approach as set out in LPT's Single Equality Approach and Equality, Diversity and Human Rights Policy
Race	Policy applies to all groups with no exceptions in line with Human Rights Approach as set out in LPTs Single Equality Approach and Equality, Diversity and Human Rights Policy.

	-Training/FAQ's -Information/Language (Written/Verbal) formats available upon request via LPTs Interpretation, and Translation Service.
Religion and Belief	Policy applies to all groups with no exceptions in line with Human Rights Approach as set out in LPTs Single Equality Approach and Equality and Human Rights Policy. -Training/FAQs -Information/Language -Information/Language (Written/Verbal) formats available upon request via LPTS Interpretation and Translation Service.
Sex	Policy applies to all groups with no exceptions in line with Human Rights Approach as set out in LPTs Single Equality Approach and Equality, Diversity and Human Rights Policy
Sexual Orientation	Policy applies to all groups with no exceptions in line with Human Rights Approach as set out in LPTs Single Equality Approach and Equality, Diversity and Human Rights Policy.
Other equality groups?	Policy applies to all groups with no exceptions in line with Human Rights Approach as set out in in LPTs Single Equality Approach and Equality, Diversity and Human Rights Policy- these may also include: -Homeless -Asylum Seekers/Refugees -Veterans

Section 3

Does this activity propose major changes in terms of scale or significance for LPT? For example, is there a clear indication that, although the proposal is minor it is likely to have a major affect for people from an equality group/s? Please <u>tick</u> appropriate box below.

Yes		No	
High risk: Complete a full EIA starting click <u>here</u> to proceed to Part B		Low risk: Go to Section 4.	✓

Section 4

If this proposal is low risk please give evidence or justification for how you reached this decision:

Having reviewed the policy it meets the Trust's Equality, Diversity and Human Rights Policy.
It does not discriminate on the grounds of any Protected Characteristic and follows clear Human Rights Approach. The policy consultation process has included:
-Safeguarding Committee Members
-Clinical Governance Leads
- Operational Managers

Signed by reviewer/assessor	Carolyn Corbett	**Date**	01.11.2019
Sign off that this proposal is low risk and does not require a full Equality Analysis			
Head of Service Signed		**Date**	

Appendix 5

DATA PRIVACY IMPACT ASSESSMENT SCREENING

Data Privacy impact assessment (DPIAs) are a tool which can help organisations identify the most effective way to comply with their data protection obligations and meet Individual's expectations of privacy. **The following screening questions will help the Trust determine if there are any privacy issues associated with the implementation of the Policy. Answering 'yes' to any of these questions is an indication that a DPIA may be a useful exercise. An explanation for the answers will assist with the determination as to whether a full DPIA is required which will require senior management support, at this stage the Head of Data Privacy must be involved.**			
Name of Document:	**Children Safeguarding Policy**		
Completed by:	**Carolyn Corbett**		
Job title	**Lead Safeguarding Practitioner-Named Nurse**		**Date 09.10.2019**
Screening Questions		**Yes / No**	**Explanatory Note**
1. Will the process described in the document involve the collection of new information about individuals? This is information in excess of what is required to carry out the process described within the document.		No	
2. Will the process described in the document compel individuals to provide information about them? This is information in excess of what is required to carry out the process described within the document.		No	NHS England Practical Guidance on the sharing of information and information governance for all NHS organisations states that when considering sharing of data there is a need to consider whether it is necessary and proportionate to share the information when the risk to both the individual and/or the public is considered E.G.
3. Will information about individuals be disclosed to organisations or people who have not previously had routine access to the information as part of the process described in this document?		No	Leicestershire Partnership NHS Trust has a statutory responsibility under Section 11 of the Children Act (2004) to make arrangements to safeguard and promote the welfare of children. This includes the requirement to refer safeguarding children concerns to the relevant agency, Children Social Care and/or the Police. -
4. Are you using information about individuals for a purpose it is not currently used for, or in a way it is		No	

not currently used?		
5. Does the process outlined in this document involve the use of new technology which might be perceived as being privacy intrusive? For example, the use of biometrics.	No	
6. Will the process outlined in this document result in decisions being made or action taken against individuals in ways which can have a significant impact on them?	No	Leicestershire Partnership NHS Trust has a statutory responsibility under Section 11 of the Children Act (2004) to make arrangements to safeguard and promote the welfare of children. This includes the requirement to refer safeguarding children concerns to the relevant agency, Children Social Care and/or the Police. The outcome and actions resulting from safeguarding referrals can impact on individuals, however, this will be in the best interests of the child/young person in order to safeguard and promote their welfare.
7. As part of the process outlined in this document, is the information about individuals of a kind particularly likely to raise privacy concerns or expectations? For examples, health records, criminal records or other information that people would consider to be particularly private.	No	Leicestershire Partnership NHS Trust will only release health records or provide statements for legal and criminal processes on receipt of a written request for the court or police.
8. Will the process require you to contact individuals in ways which they may find intrusive?	No	The LPT policy and LSCB multi-agency procedures clearly state that children, young people, parents/families should be informed of any safeguarding referrals unless by informing of the safeguarding referral will/may place a child/young person at risk of harm.
If the answer to any of these questions is 'Yes' please contact the Data Privacy Team via Lpt-dataprivacy@leicspart.secure.nhs.uk **In this case, ratification of a procedural document will not take place until review by the Head of Data Privacy.**		
Data Privacy approval name:		
Date of approval		

Acknowledgement: This is based on the work of Princess Alexandra Hospital NHS Trust

Data Privacy Impact Screening Guidance Notes

The following guidance notes should provide an explanation of the context for the screening questions and therefore assist you in determining your responses.

Question 1: Some policies will support underpinning processes and procedures. This question asks the policy author to consider whether through the implementation of the policy/procedure, will introduce the need to collect information that would not have previously been collected.

Question 2: This question asks the policy author if as part of the implementation of the policy/procedure**,** the process involves service users/staff providing information about them, over and above what we would normally collect

Question 3: This questions asks the policy author if the process or procedure underpinning the policy includes the need to share information with other organisations or groups of staff, who would not previously have received or had access to this information.

Question 4: This question asks the author to consider whether the underpinning processes and procedures involve using information that is collected and used, in ways that changes the purpose for the collection e.g. not for direct care purposes, but for research or planning

Question 5: This question asks the author to consider whether the underpinning processes or procedures involve the use of technology to either collect or use the information. This does not need to be a new technology, but whether a particular technology is being used to process the information e.g. use of email for communicating with service users as a primary means of contact

Question 6: This question asks the author to consider whether any underpinning processes or procedures outlined in the document support a decision making process that may lead to certain actions being taken in relation to the service user/staff member, which may have a significant privacy impact on them

Question 7: This question asks the author to consider whether any of the underpinning processes set out how information about service users/staff members may intrude on their privacy rights e.g. does the process involve the using specific types of special category data (previously known as sensitive personal data)

Question 8: This question asks the author to consider whether any part of the underpinning process(es) involves the need to contact service users/staff in ways that they may find intrusive e.g. using an application based communication such as WhatsApp

If you have any further questions about how to answer any specific questions on the screening tool, please contact the Data Privacy Team via
LPT-DataPrivacy@leicspart.secure.nhs.uk

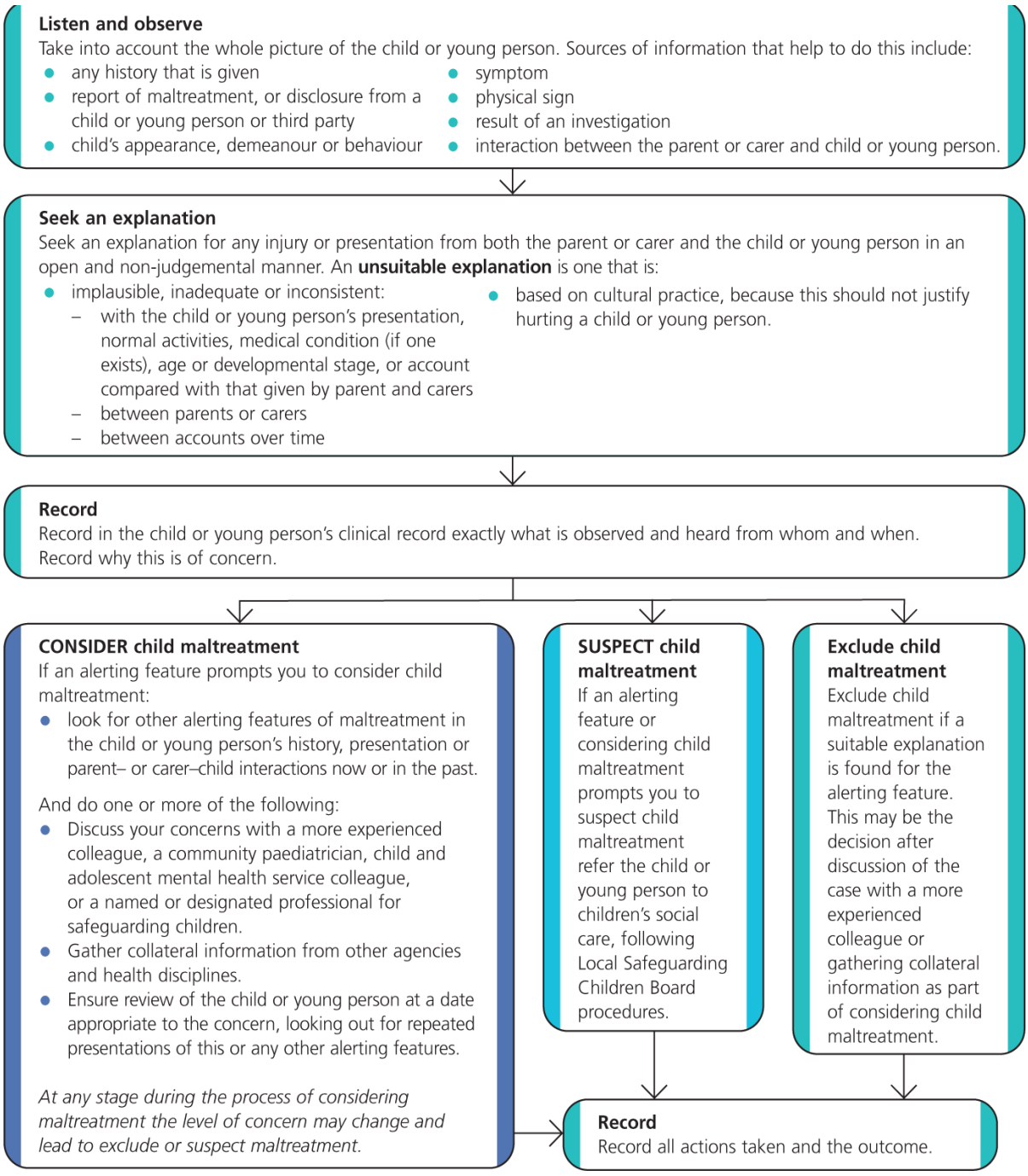
APPENDIX 6

Flowchart for responding to 'alerting' features of child maltreatment

Adapted from *When to suspect child maltreatment* (NICE, 2009)

The Quick Reference Guide lists alerting features to enable healthcare professionals to identify when to consider or suspect child maltreatment.
The Quick Reference Guide can be viewed at
https://www.nice.org.uk/guidance/cg89/evidence/full-guideline-pdf-243694625

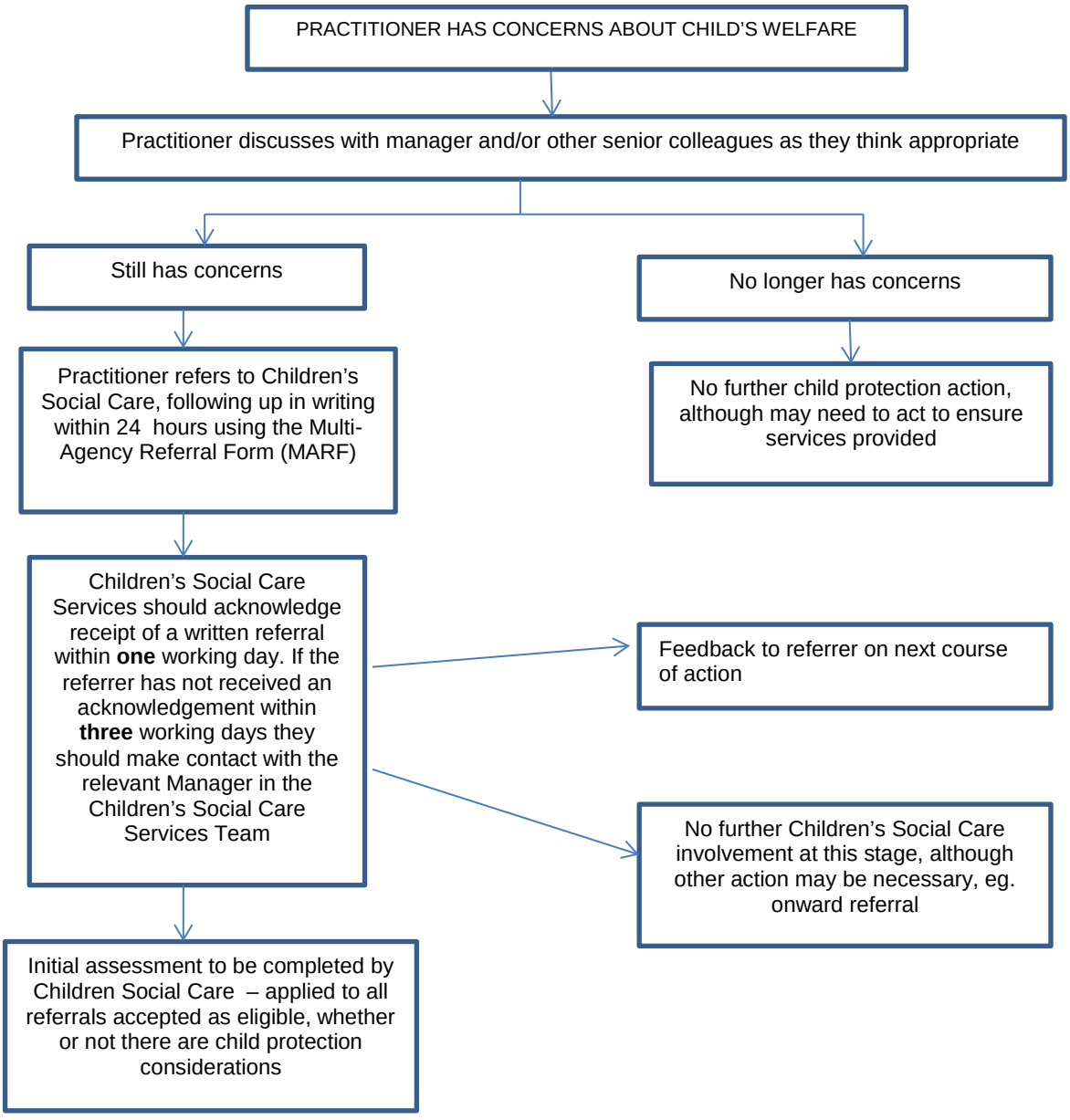
If alerting features are identified the flowchart below describes good practice (page 3)



APPENDIX 7

RESPONDING TO CONCERNS

At all stages of the process practitioners MUST record all discussions (including telephone discussions). Be clear about the actions to be taken, who will take them and the rationale for decisions



LSCB Multi-agency Referral Form To The Local Authority Early Help and Social Care Services for Practitioners and those working with children

Where risk of significant harm to a child is identified this should be referred immediately by telephone to the relevant children's social care on the numbers below:

Leicester: 0116 454 1004 | Leicestershire: 0116 3050005 | Rutland: 01572 758407

Before compeletion, all professionals should have knowledge of and refer to the LLR Thresholds Procedures.

Leicester:

It is expected that any professional/practitioner wanting to make a referral to Leicester City, will in the first instance call their 'One Front Door' on **0116 454 1004** and discuss the details of the referral. **This should then be followed up by the referrer in writing, by submitting this completed Multi-Agency Referral Form within 24 hours**.

See the last page of this referral form for Leicestershire Partnership Trust electronic referral process.

Following this conversation please ensure you tick the box on the form as to whether you are seeking Early Help support or referring to Children's Social Care.

If you are requesting **Early Help** support please ensure you complete the box regarding seeking engagement and cooperation below. Please complete all the questions on pages 2 - 5

Rutland:

It is expected that any professional/practitioner wanting to make a referral to Rutland County Council will in the first instance call their 'Single Front Door' on **01572 758407** and discuss the details of the referral. **This should then be followed up by the referrer in writing, by submitting this completed Multi-Agency Referral Form within 24 hours**.

See the last page of this referral form for Leicestershire Partnership Trust electronic referral process.

Following this conversation please ensure you tick the box on the form as to whether you are seeking Early Help support or referring to Children's Social Care.

If you are requesting **Early Help** support please ensure you attach the Early Help Assessment and complete the box regarding seeking engagement and cooperation below. Please complete all the questions on pages 2 - 5

Leicestershire:

Any professional or practitioner wanting to make a request for service to Leicestershire County Council including Early Help or Social care should complete this Multi-Agency Referral Form and submit via the Leicestershire Partnership Trust electronic referral process.
If you are requesting **Early Help** support please ensure you complete the box regarding seeking engagement and cooperation below. Please complete all the questions on pages 2 - 5

If there are **URGENT CONCERNS** based on evidence that a child is suffering or at risk of significant harm which requires a Child Protection response this should be reported immediately by telephone on **0116 3050005**. **This should then be followed up by the referrer in writing, by submitting this completed Multi-Agency Referral Form within 24 hours**.

See the last page of this referral form for Leicestershire Partnership Trust electronic referral process.

In any case where a professional is unclear if the threshold is met, contact should be made with agency safeguarding leads for advice or in complex cases a call can be made to the consultation line on **0116 305 5500** between 10:00am and 4:00pm.

Use of information

As a referrer working with the child and family, it is your responsibility to speak with parents and carers about your worries and why you are making a referral to Children's Social Care or Early Help – ***unless by doing so will place the child at risk of sigificant harm*.** Further guidance on collecting, using and sharing information is available here.

Where a parent or carer is informed of a referral, under the General Data Protection Regulation (GDPR) 2016/679 and Data Protection Act 2018 you should also inform the parents or carers of the following:

- Information will be treated confidentially and will be used to understand the needs of the family – this will involve checking our records to see if we are already working with the family
- Information may be shared with other services to check whether they are working with the family or have done so previously

- Information will be shared when we are required to do so by law or there are concerns that someone has suffered or may be at risk of significant harm and if this is the case, you must provide:
  - Name of the Data Controller processing their data
  - Contact details of the Data Protection Officer;
  - Purpose/s of and lawful basis for processing –
  - Recipients, or categories of recipients of their data.
  - Details of data transfers outside the EU - including how the data will be protected (e.g. the recipient is in an adequate country; Binding Corporate Rules are in place etc.); and how the individual can obtain a copy of the BCRs or other safeguards, or where such safeguards have been made available.
  - The retention period for the data – if not possible, then the criteria used to set this.
  - That the individual has a right to access and data portability, to rectify, erase and restrict processing of his or her personal data, to object to processing and, where the processing of information *is based on consent*, rather than other lawful basis, to withdraw consent.
  - That the individual can complain to a supervisory authority e. the ICO.
  - Whether there is a statutory or contractual requirement to provide the data and the consequences of not providing the data.
  - If there will be any automated decision making – together with information about the logic involved and the significance and consequences of the processing for the individual.

Privacy notice

Being transparent and providing accessible information to individuals about how you will use their personal data is a key element of Data Protection compliance . This does not mean however, that you need to get consent to use information in most cases, as there are many other conditions under the GDPR and the Data Protection Act 2018 that allow you to proceed without an individual's explicit consent to use their information. The appropriate way to provide this information is in *a privacy notice*.

Each practitioner *should follow their own agency's or organisation's Information Governance requirements* for collecting, sharing and processing personal data. Information regarding the requirements including the use of privacy notices can be found at the following link: https://ico.org.uk/for-organisations/guide-to-data-protection/privacy-notices-transparency-and-control/

As a general rule, practitioners are encouraged to seek the engagement and cooperation of parents (or those with parental responsibility). Equally engagement and cooperation should be sought with carers and young people (as appropriate to their age and understanding) to work with Early Help or

Children's Social Care Services (*unless there are specific child protection or safeguarding needs identified as below)*.

Have you told the parent, carer or young person (where appropriate) you are making this referral? Yes ☐ No ☐

(*Please note you should **not** inform the parent/carer where doing so may increase the risk of harm to the child or where you believe a crime may have been committed*.)

Has the parent/carer indicated their engagement and cooperation with this referral for services? Yes ☐ No ☐

It should be made clear to parents/carers that if they later decide not to engage or cooperate with services that their information will be retained. (*Where parental engagment and cooperation has not been agreed, unless there are specific child protection or safeguarding needs identified, this will have a significant impact on the ability to respond. For Early Help support parental engagement and cooperation is required although this can be verbal agreement.*)

Details of Person Making Referral

Your details (the referrer)

Full name					
Job Title					
Agency					
Telephone					
Email address					
Secure Email address					
Do you expect to be involved with the family for the foreseeable future?	If Yes, in what capacity?				
Have you informed those with Parental Responsibility (PR) for the child you are making the referral?	Yes		No		If Yes, who was informed?
What are the views of the parent/carer/children and young people you spoke to about this referral?					

About the Children/Young People (Who are you worried about?)

Please provide the details of all the children and young people in the family, starting with the child you are most concerned about, where appropriate. You should provide as much relevant information as possible.

Child 1

First name(s)			
Surname			
AKA / Previous names			
Date of birth (or Expected Delivery Date if unborn).		Gender	
Address		Post code	
Any Previous addresses			
Ethnicity		Religion	
Does the child have a disability or special need?	Yes ☐ No ☐	Further Information	
Preferred First Language or method of communication e.g. sign language		Is an interpreter required?	Yes ☐ No ☐
		If yes, which language is required?	
NHS Number			
Name of education setting (name of nursery, school, college)		Address of setting	
Name of the GP		Address of the GP	
Is the child known to another LA?		If yes, what LA?	
Is this child/family new to you?	Yes ☐ No ☐	If yes, how did you become involved?	
Is this child/family new to the area?	Yes ☐ No ☐	If yes, where have they arrived from?	

About the Family

Adult/parent/carer 1

First name(s)			
Surname			
AKA / Previous names			
Date of birth		Gender	

Address		Post code	
Ethnicity		Religion	
Does the adult have a disability or special need?	Yes ☐ No ☐	Further Information	
Preferred First Language or method of communication e.g. sign language		Is an interpreter required?	Yes ☐ No ☐
		If yes, which language is required?	
Relationship to the child			
Does this adult have Parental Responsibility for the subject child?	Yes ☐ No ☐	If no, who does have Parental Responsibility?	
Telephone		Email address	
Please use this space to provide details of any additional communication or access needs that are required for example when is the best time of day to make contact, does the person have any mobility issues			

Adult/parent/carer 2

First name(s)			
Surname			
AKA / Previous names			
Date of birth		Gender	
Address		Post code	
Ethnicity		Religion	
Does the adult have a disability or special need?	Yes ☐ No ☐	Further Information	
Preferred First Language or method of communication e.g. sign language		Is an interpreter required?	Yes ☐ No ☐
		If yes, which language is required?	
Relationship to the child			

Does this adult have Parental Responsibility for the subject child?	Yes ☐ No ☐	If no, who does have Parental Responsibility?	
Telephone		Email address	
Please use this space to provide details of any additional communication or access needs that are required for example when is the best time of day to make contact, does the person have any mobility issues			

Other children linked to the household

Child 2

First name(s)				
Surname				
AKA / Previous names				
Date of birth (or Expected Delivery Date if unborn).			Gender	
Address			Post code	
Any Previous addresses				
Ethnicity		Religion		
Does the child have a disability or special need?	Yes ☐ No ☐	Further Information		
Preferred First Language or method of communication e.g. sign language		Is an interpreter required?	Yes ☐ No ☐	
		If yes, which language is required?		
NHS Number				
Name of education setting (name of nursery, school, college)		Address of setting		
Name of the GP		Address of the GP		
Is the child known to another LA?		If yes, what LA?		

Is this child/family new to you?	Yes ☐ No ☐	If yes, how did you become involved?	
Is this child/family new to the area?	Yes ☐ No ☐	If yes, where have they arrived from?	

Child 3

First name(s)			
Surname			
AKA / Previous names			
Date of birth (or Expected Delivery Date if unborn).		Gender	
Address		Post code	
Any Previous addresses			
Ethnicity		Religion	
Does the child have a disability or special need?	Yes ☐ No ☐	Further Information	
Preferred First Language or method of communication e.g. sign language		Is an interpreter required?	Yes ☐ No ☐
		If yes, which language is required?	
NHS Number			
Name of education setting (name of nursery, school, college)		Address of setting	
Name of the GP		Address of the GP	
Is the child known to another LA?		If yes, what LA?	
Is this child/family new to you?	Yes ☐ No ☐	If yes, how did you become involved?	
Is this child/family new to the area?	Yes ☐ No ☐	If yes, where have they arrived from?	

Child 4

First name(s)			
Surname			
AKA / Previous names			
Date of birth (or Expected Delivery Date if unborn).		Gender	
Address		Post code	
Any Previous addresses			
Ethnicity		Religion	
Does the child have a disability or special need?	Yes ☐ No ☐	Further Information	
Preferred First Language or method of communication e.g. sign language		Is an interpreter required?	Yes ☐ No ☐
		If yes, which language is required?	
NHS Number			
Name of education setting (name of nursery, school, college)		Address of setting	
Name of the GP		Address of the GP	
Is the child known to another LA?		If yes, what LA?	
Is this child/family new to you?	Yes ☐ No ☐	If yes, how did you become involved?	
Is this child/family new to the area?	Yes ☐ No ☐	If yes, where have they arrived from?	

Child 5

First name(s)			
Surname			
AKA / Previous names			
Date of birth (or Expected Delivery Date if unborn).		Gender	

Address		Post code	
Any Previous addresses			
Ethnicity		Religion	
Does the child have a disability or special need?	Yes ☐ No ☐	Further Information	
Preferred First Language or method of communication e.g. sign language		Is an interpreter required?	Yes ☐ No ☐
		If yes, which language is required?	
NHS Number			
Name of education setting (name of nursery, school, college)		Address of setting	
Name of the GP		Address of the GP	
Is the child known to another LA?		If yes, what LA?	
Is this child/family new to you?	Yes ☐ No ☐	If yes, how did you become involved?	
Is this child/family new to the area?	Yes ☐ No ☐	If yes, where have they arrived from?	

Other significant members linked to the household

First name(s)				
Surname				
AKA / Previous names				
Date of birth			Gender	
Address			Post code	
Ethnicity		Religion		
Does the adult have a disability or special need?	Yes ☐ No ☐	Further Information		

Preferred First Language or method of communication e.g. sign language		Is an interpreter required?	Yes ☐ No ☐
		If yes, which language is required?	
Relationship to the child			
Does this adult have Parental Responsibility for the subject child?	Yes ☐ No ☐	If no, who does have Parental Responsibility?	
Telephone		Email address	
Please use this space to provide details of any additional communication or access needs that are required for example when is the best time of day to make contact, does the person have any mobility issues			

List here details of any other professionals or agencies that are working with the child/family (if known)

Name	Role	Agency	Address	Telephone number	Email	Secure Email

What are you worried about?

Please see the LLR LSCB Threshold document at: http://lrsb.org.uk/uploads/view-the-llr-lscb-thresholds-for-access-to-services-for-children-and-families-in-leicester-leicestershire-rutland.pdf

Please summarise the main issues for the child(ren) and family including how the family is functioning and any issues for adults in the household and if they are impacting on the children. For example, refer to the issues listed below as a guide to include in your summary and guidance within Working Together to Safeguard Children 2018 on types of abuse or neglect and the relevance of *contextual safeguarding*:

• Asylum seeking family • Behaviour management support • Child leaving care • Child leaving custody • Child Sexual Exploitation (CSE) • Cultural/language issues • Debt or benefit issues • Disabled Child	• Female Genital Mutilation (FGM) • Gangs or groups • Honour based violence • Housing concerns • Mental or Physical Health • Missing child • Neglect	• Parent leaving custody • Parenting capacity • Pre-birth concerns • Physical Harm • Poverty • Person posing a risk to a child • Parent or carer of disabled child • Radicalisation

• Domestic violence and abuse • Drug/alcohol/substance use • Education concerns • Emotional Harm • Fabricated or Induced Illness	• Offending or anti-social behaviour • No recourse to public funds • Not in employment, education or training	• Self-harm and suicide • Sexual Harm • Trafficking • Vulnerable infant • Young carer

What are you worried about? (Include the child and family's views) (Include here what is the current family situation, what key issues including any needs or dangers have been identified, what risks does this present to the child and what life is like for the child?)
How does this affect the child(ren) / (what is <u>impact</u>?)
Please summarise your involvement with the family:(include any support provided by other agencies or services)

What is working well? (Include the child and family's views) (include here what are the strengths and protective factors for the child; what is family doing to manage the need risk and dangers identified)

What needs to happen (to reduce the needs /risks and dangers presented to the child) (Include the child and family's views)

Additional information

Have any assessments been conducted by you or your agency/service such as CSE, Early Help, Neglect, FGM, DASH etc.	Yes ☐ No ☐

Have these been attached with this form?	Yes ☐ No ☐

For Leicester and Rutland only - following your discussion with the worker at the 'One Front Door' or 'Single Front Door' as detailed on the first page, please select the referral you wish to make:

Early Help ☐ Social Care ☐

Please provide the **name of Duty worker you spoke to:**

For use by the Local Authority Early Help or Duty Service only

Action taken:

Decision made:

By:

Date of decision:

Feedback to referrer:

Date:

By:

Telephone referrals must be confirmed, by submitting this completed referral form within 24 hours using the process below.

Non-SystmOne Users - Guidance for submitting a Multi-Agency Referral Form (MARF) to Children's Social Care

1. Practitioner completes LSCB Multi-Agency Referral Form (MARF) from e-source.

2. This MARF is required to be received by the Safeguarding Admin Team within 24 hours of the telephone call.

3. The Practitioner emails the completed MARF to LPTsafeguardingteam@leicspart.nhs.uk via Secure Email
Contacts using the guide below:

- Click 'To' and open up secure email contacts
- Click on LPT Safeguarding Team

4. Email to include:

- Subject- **Multiagency referral** (practitioners name).
- Whether the MARF is for -
    - Leicester City, Leicestershire County or Rutland
    - Safeguarding or Early Help
    - Name of Social Worker spoken to

SystmOne Users – Guidance for submitting a Multi-Agency Referral Form (MARF) to Children's Social Care

1. Practitioner Tasks the ***Multiagency Referral Admin*** on the Leicester, Leicestershire & Rutland CHS Unit using Task type: *Multiagency Referral Form to be sent to LA,* stating in the comments of the task -

- which Local Authority the MARF needs to be sent to (City/County/Rutland)
- whether the MARF is for Safeguarding or Early Help
- Name of Social Worker spoken to

2. The Safeguarding Admin Team, will reply to the practitioner from their task and inform them that the MARF has been delivered to the relevant Local Authority.

Process for Multi-Agency Referral Form (MARF) completed in Adult SystmOne record (e.g. ante-natal)

1. Practitioner to request that MARF is retrieved from Adult S1 record by emailing the safeguarding team at LPTSafeguardingteam@leicspart.nhs.uk via Secure Email Contacts using the guide below:

- Click 'To' and open up secure email contacts
- Click on LPT Safeguarding Team

2. Email to include:

- Subject: Multi-Agency Referral – (Practitioners name)
- S1 unit
- NHS number
- Whether the MARF is for City / County / Rutland.
- Whether the MARF is for Safeguarding or Early Help.
- Name of Social Worker spoken to.

3. The Safeguarding Admin Team, on receipt of the read receipt email from LA Admin will forward the read receipt email to the practitioner to confirm that the referral has been received by the relevant local authority.

If you experience any problems, contact the **Safeguarding Admin Team on 0116 295 8736** for guidance.